

**MEDICAL ACCESS PLAN
REFERENCE MANUAL
TABLE OF CONTENTS**

INTRODUCTION.....	1
SECTION I (Brief Overview).....	2
SECTION II (MAP Enrollment Instructions)	
I. Screen EU for MAP Eligibility.....	4
II. Medicaid/NC Health Choice Eligibility Screen.....	6
III. Request for Information Verification	7
IV. Completion of the MAP Application Process.....	8
V. Charging Patient Visits.....	10
VI. Front Office Duties.....	10
VII. EU Updates.....	11
VIII. MAP Eligibility Annual Renewals.....	12
IX. Provision of Materially False Information.....	13
X. MAP EU Exceptions.....	14
XI. Collection of Payment from NC ORHCC Funds.....	14
SECTION III (Appendices).....	15
Appendix A: MAP Eligibility Information Worksheets in English	
Appendix B: MAP Eligibility Information Worksheets in Spanish	
Appendix C: Technical Information	
Appendix D: Examples	
Appendix E: Monthly MAP Worksheets	
Appendix F: Payment Plan Patient Contract	
Appendix G: Copayment Policy Addendum	

MEDICAL ACCESS PLAN REFERENCE MANUAL

INTRODUCTION

The Medical Access Plan (MAP) is a sliding fee scale program that helps residents of North Carolina access primary health care services when they meet certain financial criteria and do not have primary health care coverage. The MAP program is a funder of last resort. Patients that who may be eligible for another reimbursement program should seek those funds prior to accessing MAP funding. MAP is only available to non profit medical practices that receive MAP funding through the North Carolina Office of Rural Health and Community Care (N.C. ORHCC). Patients on the MAP program are expected to make the medical practice their primary care "home" and to use it for their primary care needs. Patients who wish to use the practice only for ancillary services, such as laboratory or radiology, should not be enrolled in the MAP program.

This Reference Manual is intended to help practices understand how to administer the MAP program. **Section I** contains a brief overview of the program. **Section II** contains MAP program guidelines and instructions on how to complete the MAP enrollment worksheets which are available in electronic or paper form. Funded sites are encouraged to go paperless as much as possible with MAP. How to do this while retaining required records is explained in this section. **Section III** contains the Appendices comprised of Appendix A: the MAP Eligibility Information Worksheets in English; Appendix B: the MAP Eligibility Information Worksheets in Spanish; Appendix C: Technical Information, providing more in depth explanations of how to properly administer the program and enroll patients; Appendix D: Examples of patient scenarios that may be encountered when administering the MAP program; Appendix E: Monthly MAP Worksheet; Appendix F: Payment Plan Patient Contract; and Appendix G: Copayment Policy Addendum.

If, after reading this Manual, you still have questions about the MAP program or how it should be administered, please call the North Carolina Office of Rural Health and Community Care (ORHCC) at (919) 733-2040 and ask to speak with Stanley Davis, MAP Coordinator.

SECTION I: BRIEF OVERVIEW

WHAT MAP COVERS

Visits are reimbursable through MAP for the following services less patient co pay amount:

- Medically necessary on-site face to face provider encounters, including;
 - On site x-rays (both technical and professional components), in-house labs, and any surgical procedures provided in the office;
 - The portion of medically necessary hospital, nursing home, and home care services performed by practice providers;
 - Any prophylaxis for high risk patients recommended by the CDC as a standard protocol (including but not limited to Flu & Pneumonia); and
 - The use of telemedicine to provide visits reimbursed through MAP. "Telemedicine" is the practice of medicine using electronic communication, information technology, or other means between a physician in one location and a patient in another location with or without an intervening healthcare provider;
- A maximum of 22 covered visits, based on Medicaid Guidelines.

Note: Any treatment based on standard of care provided by CDC recommendations will be covered under MAP. See <http://www.cdc.gov>.

PATIENT ELIGIBILITY & ENROLLMENT PROCESS

To determine whether a patient is eligible for MAP, you will need to complete the following steps which are explained in more detail later in this Manual:

1. Patient must reside and/or pay income taxes in North Carolina.
2. Based on patient's income and *economic unit (EU) size, review the Eligibility Confirmation Table (see Appendix A) to see if the EU is close to meeting the eligibility requirements (EU must be under 200% of the Federal Poverty Level; the limit may be lower in some practices depending on their agreement with the ORHCC).
3. Review Medicaid/NC Health Choice Eligibility Screen (see Appendix A) to determine if patient is eligible for another program such as Medicaid.
4. Request patient brings proof of EU income.
5. Review proof of income (if no income, then complete Zero Income Claimant Worksheet (see Appendix A)).
6. Determine whether EU is eligible for MAP. If eligible, identify the copayment and debt write-off category to which the EU belongs.
7. Have patient sign Patient Agreement (see Appendix A) and complete the Payment Plan Agreement (see Appendix F) as necessary, to conclude the MAP application process.

****Economic Unit (EU)*** is defined as an individual or a group of adults with or without children who live at the same residence and pool their resources to pay for the group's living expenses. The group may include children of group members who are full-time students up to the age of 26 regardless of where they live. See Appendix C (Technical Information) for a more in-depth discussion of the EU and Appendix D (Examples) for examples of EUs.

GOING PAPERLESS

All MAP funded sites are encouraged to go paperless as much as possible with this program.

A. Needed Capabilities

1. Data will be entered directly on a computer. Therefore, ensure there is a computer in a private area that can be used while determining eligibility of EU members. Excel software must be on the computer in order to use the enrollment worksheets.
2. Ensure the computer is password protected and otherwise complies with HIPAA requirements.
3. Ensure that all MAP information (including all EU folders and files) are secured and regularly backed up.
4. Ensure the computer is connected to a working printer.
5. Ensure the MAP coordinator is able to enter, save, retrieve, and print MAP information and reports. This person must be able to manage the information electronically.

B. Create electronic MAP folders and files

1. Determine how to organize the electronic files. At a minimum, consider developing folders for each year under which additional folders and files may be maintained for that year's MAP materials and MAP recipients. For example, a folder may be labeled MAP FYE 2013 under which each of the following folders exists: MAP materials, MAP patients, and Monthly MAP Worksheets. Within each folder individual files may be created and maintained.
2. Each year, a new folder can be created under which additional folders and files may be located as indicated in the foregoing Section #1.

SECTION II: MAP ENROLLMENT INSTRUCTIONS

I. Screen Economic Unit (EU) for MAP Eligibility

Compare the patient's stated income and EU size on the Eligibility Information worksheet (Appendix A) to the Eligibility Confirmation Table worksheet (Appendix A) to see if the EU is close to meeting the MAP eligibility criteria. If the EU appears close to meeting the MAP eligibility criteria, then complete the Medicaid / NC Health Choice Eligibility Screen (Appendix A) to identify whether EU members without insurance coverage may be eligible for one of those programs. Medicaid and NC Health Choice provide comprehensive coverage and are preferable to MAP if individuals are eligible for one of those programs.

To qualify for the MAP program, individuals must go through two screening steps; first, as part of the EU unit which as a unit must meet the MAP income criteria, and second as an individual being screened for potential eligibility in insurance programs such as Medicaid or NC Health Choice.

Note: It is possible for an individual in a MAP qualifying EU to be offered primary health care coverage through work, refuse it, and remain eligible for MAP.

MAP Eligibility Information Worksheet.

A. Names of the Economic Unit Members – Column 1

1. List the first and last names of all members of the patient's Economic Unit (EU).
2. **Include** all members in the EU, regardless of whether they have insurance or whether they are patients of the practice.
3. See Appendix C (Technical Information) for further discussion of EUs.

B. Annualized Income Information – Column 3

1. Ask patient to estimate the **annual income of each EU member** and enter it into the highlighted box. Replace with the actual income when it is received.
2. **Include** income from employment, child support, alimony, unemployment, capital gains and dividends, housing and farm rental, Social Security, Social Security Disability, etc. If an EU member works or has worked, list the name and telephone number of the most recent employer in column 2.
3. **Do not include** income from Supplemental Security Income (SSI), Work First, employment of individuals under age 21 who are full-time students, or unpredictable employment such as occasional yard work or baby sitting. **Note that any EU member receiving SSI should automatically qualify for Medicaid.**
4. **Write in** any additional sources of income not already listed.

5. **Deduct alimony and child support payments made.**
6. **Use the Annualized Income Calculator worksheet (Appendix A) as appropriate to determine the gross annualized income of the EU.**

C. Insurance / Primary Care Coverage Information – Column 4

1. For each member of the EU, choose “Y” for “yes” if the person has primary health care coverage.
2. For each member of the EU, choose “N” for “no” if the person does not have any primary health care coverage. Note that a supplemental cancer policy does not provide primary care coverage and the correct response would be “N” if that is all the coverage the individual has.
3. Employer health insurance for the individual or group may have been offered and rejected by the applicant without disqualifying the patient or group members from being eligible for MAP.
4. EU members who qualify for MAP and are either on the waiting list for NC Health Choice, are awaiting Medicare Disability designation, are in Medicaid spend down status, or are waiting for their employer’s health insurance open enrollment period to begin, may enroll in MAP until they are accepted into those programs.
5. See Appendix C (Technical Information) for background on various health insurance coverage options (e.g., hospital only or cancer only policies) and how to handle MAP enrollment.
6. Any potential MAP enrollee (including adults and children) that cannot provide documentation of citizenship should complete as much of the paperwork as applicable and will qualify for the lowest MAP copayment as outlined on the Copayment Policy Addendum. See Appendix G for an example or as outlined in the organization’s adopted and ORHCC approved Copayment Policy.

D. Enter the age of each EU Member – Column 5

- E. **If completing the worksheets manually, be sure to show MAP calculations on worksheets, double check all math, and include the staff name and date.**

F. Comparison of income to Federal Poverty Level

1. Compare the EU size and estimated total income on the Eligibility Information Worksheet (Appendix A) to the totals on the Eligibility Confirmation Table (Appendix A).
 - a) Under Column A, find the number of EU members reported on the Eligibility Information Worksheet. Moving to the right along that row, find the column

under which the estimated total income from the Eligibility Information Worksheet appears.

- b) If the result is below 200 percent of the federal poverty level (FPL), tell the patient that he/she appears eligible for MAP and go to Section II below.
- c) If the result is several hundred dollars over 200 percent of the FPL, continue with the application. Some individuals estimate income in rounded numbers and the actual amount may be less. Contact Stanley Davis at (919) 733-2040 extension 212 with questions.
- d) If the EU is over the FPL by a few thousand dollars and one or more EU members have consistently high medical bills due to severe, chronic illness, the EU may be eligible for an EU MAP exception. Refer to Section X of this manual and Appendix C: Technical Information Section VI for information on how to request an exception. Contact Stanley Davis at (919) 733-2040 extension 212 with questions.
- e) If the result is well over 200 percent of the FPL, thank the patient for applying and explain that they do not qualify for the MAP program at this time.
 - (1) Invite the patient to reapply if there is a change in the size or income of the EU.
 - (2) Review the patient's account and determine whether a payment plan should be established.

II. **Medicaid/NC Health Choice Eligibility Screen**

A. Complete the Medicaid/NC Health Choice Eligibility Screen Tool (Appendix A).

- 1. Screening questions should be answered for each member of the EU applying for MAP coverage.
- 2. **Follow the instructions on the screening tool. If the tool reflects any "yes" answers, direct the individual(s) to Social Services;** explain that the likelihood is high for the individual(s) to be eligible for Medicaid or NC Health Choice. Since these programs offer more benefits than MAP, it would help the patient and the practice for the individual(s) to enroll in the appropriate program. If possible, help schedule an appointment with a Medicaid/NC Health Choice eligibility specialist.
 - a) Explain that each person requested to go to Social Services who do not qualify for Medicaid or NC Health Choice should return to the practice with a **Denial or Inquiry Report**. For each person returning with a Denial or Inquiry Report, resume the MAP eligibility process with that person. If a person is put on the **NC Health Choice waiting list**, that person is eligible for MAP until covered by NC Health Choice.
 - b) **For more information about Inquiry Reports**, please see Appendix C (Technical Information).

Should the applicant refuse/decline to be directed to Social Services, please contact Stanley Davis, MAP Coordinator, at the NC Office of Rural Health and Community Care at (919) 733-2040 extension 212.

3. Continue the eligibility process for the rest of the EU for whom there was a "No" answer for each question.

III. Request for Information Verification

- A. Inform patients who appear eligible for MAP that their payment status cannot be changed to MAP until the verification materials are submitted and the application is complete.
- B. Ask the patient to provide proof of the EU's income and, if necessary, proof of Medicaid/NC Health Choice Denial or Inquiry Report before the next visit.
 1. Proof of income in the preferred order will include **a signed and dated copy of the most recent calendar year's completed 1040 or 1040EZ federal tax form**; copy of the W-2 stub(s); three (3) of the most recent paycheck stubs from the current year (the most recent paycheck stub suffices if year-to-date earnings are shown for at least a three month period unless it is a new job); a notarized letter from each employer.
 - a) If **self-employed**, proof of income is **a signed and dated copy of the past year's completed 1040 federal tax form**.
 - b) When patient provides a tax form as proof of income, as applicable, ensure that separate information is received on the amount of total monthly social security benefits. These should be included in the income – use the Annualized Income Calculator worksheet (Appendix A) to ensure the correct amount is being calculated.
 - c) When the patient does not provide an appropriate tax form, ask the patient to supply proof of income from other sources such as alimony, disability, dividends and child support. Court orders, government award letters, dividend statements, bank statements showing government or corporate electronic deposits are examples of acceptable forms of proof.
 2. On the Patient Checklist (Appendix A), check off what the patient should bring to complete the MAP application process. Give the patient the original and file a copy of the completed Patient Checklist as proof that you requested the information from the patient. If using the electronic worksheets, check the appropriate boxes, save a copy to the patient's folder and print a copy to give the patient.
 3. **Advise the patient that submitting false information to qualify for the MAP program can result in permanent removal from the program, liability for any debt write-offs resulting from joining the program, and the reinstatement of all charges incurred while on the program.**

IV. **Completion of the MAP Application Process**

A. Confirm Income

1. Return to the Eligibility Information worksheet
 - a) **Review** entries for completeness and enter annualized **gross income** in column 3 for each EU member based on the appropriate proof of income. Annualized gross income is income before any deductions are taken out. If using paper forms, enter the subtotals and totals in the boxes designated for manual entry.
 - b) See Appendix C Section III for more background on what constitutes proof of income and what to do if an EU member is receiving unemployment checks. See Appendix D (Examples) for tips on how to **calculate annualized gross income**.
 - c) **Make and keep copies** of all information. If a scanner is available, scan the information into the patient's electronic MAP file. Otherwise, make a copy and keep in an easily retrievable file. Return originals to the patient. Once all required proof of EU income is supplied, enter the name of the staff person completing the application at the bottom of the form.
2. If patient claims zero (0) income level, complete the Zero Income Claimant worksheet.
 - a) Ask patient all the questions on this worksheet and document the responses. Look for alternative income sources, such as a relative or friend who regularly sends money. Determine whether the patient is really part of a larger Economic Unit. If this occurs, document appropriately and calculate eligibility based on the new EU information.
 - b) If using paper based worksheets, enter totals in the boxes designated for this purpose.

B. Comparison of Verified Income to Federal Poverty Level

1. Confirm Economic Unit (EU) eligibility for MAP based on verified EU income and EU size using the Eligibility Confirmation Table (Appendix A).
 - a) Find the EU size by going down Column A.
 - b) Move to the right along the row that corresponds to the EU size and look for the range of income that includes the verified EU income.
 - (1) If the EU income is between columns B through E, the patient and EU qualify for MAP. Follow that column down to determine the EU's write-off percentage if they have a Self Pay balance due.
 - (2) If the EU's income is in Column F, then the EU is not eligible for MAP, unless there are extenuating circumstances for which the practice can

request an exception from ORHCC to put the EU on MAP temporarily. See Appendix C (Technical Information) for more information.

If there are no extenuating circumstances, inform patient of the EU's ineligibility for MAP at this time and invite the patient to reapply if there is a change in the EU status.

C. Complete the MAP Patient Agreement

Complete the MAP Patient Agreement form (Appendix A). This is a legal document between the practice and the patient. Staff must review the contents of the Agreement with the patient. Upon completion, give the patient a copy of the signed and dated Agreement and file (or scan) the original.

1. Document EU size, income level, first and last names of EU members on the plan, and amount of copayment.
2. Fill in the renewal date and year. The renewal date is normally one year from the completion date of the MAP application. The renewal date for the EU may be less than one year only under the following circumstances:
 - a) Unemployment compensation is being received,
 - b) Has limited benefit policy that is exhausted for the duration of the policy year,
 - c) The practice performs an annual mass renewal that will occur in less than 12 months.
 - d) Site has a written policy requiring Zero Income Claimants to return within 4 – 6 months to update the site on his/her financial status.
3. Print and sign the MAP Patient Agreement, document the date the agreement is signed and fill in the effective date of the agreement (**back date 30 days**).
4. Give the patient a copy of the MAP Patient Agreement; place the original in an appropriate file. If a scanner is available, scan and file electronically in patient's MAP folder and give patient original. Ensure scanned copies are clearly legible.
5. **Maintain all MAP enrollment records for at least the last three completed state fiscal years (July 1st – June 30th).** This means each site should have at least three (3) years' worth of information on hand at any given time.

D. Adjust the Patient Account in the Practice Management System

1. Convert Self Pay visits that occurred within one month of initial MAP enrollment to MAP visits. Adjust the patient account so that the patient is responsible for the appropriate copayment.
2. If the patient has an outstanding balance for visits that occurred more than 30 days before enrollment in MAP, write-off to "MAP Bad Debt" the appropriate percentage of that balance. Find the correct percentage in the last row of the

3. Eligibility Confirmation Table (Appendix A). The patient should pay the remainder owed within one month or should be placed on a Payment Plan (Appendix F) for the outstanding amount.
 - If the outstanding balance was sent to collections, recall the amount from the collection agency and follow the instructions above.
4. Explain the write-off policy to patient. If the patient cannot pay the remaining balance within one month, complete a Payment Plan Patient Contract with the patient and agree on the monthly payments due. Request that the patient sign the Payment Plan Patient Contract: Federal Truth in Lending Statement (included in Appendix A and B). Keep the original in the appropriate file (or scan into the patient's electronic file) and give the patient a copy.
5. If at any time after enrolling in MAP, the patient generates a credit balance over \$10.00, the money must be refunded to the patient within one month of the credit balance being incurred.

V. Charging Patient Visits

- A. **Input all patient charges for the day into the Practice Management System. MAP applies to face-to-face visits with a primary care provider for approved visit types as listed on the MAP Patient Agreement.**
- B. **The patient pays the lesser of the copayment or the day's charges.**
 1. If the patient's copayment is more than the day's charges, enter the day's charges and request payment for the charges.
 2. If charges are greater than the patient copayment, request patient pay the copayment amount. Write-off charges above the patient's copayment amount to "MAP Adjustment." Make this adjustment at the time of service so the write-off is not carried as an accounts receivable. Please refer to **Appendix D** (Examples) for more information.
- C. **There is no charge to either the patient or the MAP withdrawal account for an "other on-site" type of visit, e.g., a nurse-only visit or lab only visit.**

VI. Front Office Duties

- A. **Each time a MAP patient visits the practice, Front Office staff should ask whether there has been a change in the size or income of the Economic Unit.**
- B. **If there has been a change, the patient must see the MAP coordinator/contact person in the practice before making a copayment or leaving the practice.**

- C. If there have been no changes, record and collect the correct copayment or charges.
- D. Front Office staff should remind MAP patients who are up for renewal, to bring their renewal information the next time they visit the practice.

VII. EU Updates

Updates to information on MAP eligibility forms should be made in the following manner:

- A. Information on completed MAP forms may be updated during the year, or if no changes occurred during the year, updates may be made at MAP renewal, provided the ORHCC has not changed the MAP worksheets.
- B. Once updates have been made to an existing paper application, a new application packet must be completed at the annual renewal.
- C. If using paper-based worksheets, note on the top of the first sheet of the application packet that the MAP packet has been updated. Sign and date the note.
 - 1. Draw one line in ink through the outdated information so that it is still clearly visible. Write next to it in ink the updated information. Initial and date the updated information.
- D. If using electronic worksheets, save the changes in the patient's MAP folder under the same file name adding a #1, #2, etc. to the end of the file name to reflect the number of times the application has been changed that fiscal year. Retain all the files.
- E. Information from EU members for whom a change is not being recorded does not need to be updated provided that the reported information is still current.
- F. If the patient provides updated information for all EU members (due to many changes occurring among the EU members), update the MAP Patient Agreement (Appendix A) and assign a new MAP renewal date based on the practice's renewal procedures. If a scanner is available, scan the income information and Patient Agreement into the patient's electronic folder. Remember to also update the information in the patient account system.

- G. All forms, including updated forms, should be retained in a file for at least three (3) completed state fiscal years (July 1st – June 30th). The site will likely have more than 3 years of MAP information on hand at any one time.

VIII. MAP Eligibility Annual Renewals

- A. MAP patients must be re-enrolled each year.
- B. Treat renewing MAP patients like new MAP patients such that all eligibility requirements must be met and income verified each year.
- C. If the practice renews all MAP patients within the same month but some patients renew their applications within 3 months of the designated annual renewal month, then those MAP Patient Agreements should be set to expire on the practice's mass renewal month in the following year.
- D. Enter into your Practice Management System the patient's MAP renewal date to prompt Front Office staff to ask patients to bring their MAP renewal information before the MAP expiration date occurs.
- E. One month before the patient's MAP expiration date, customize the MAP renewal form letter by using your practice's letterhead, and send a copy to the patient alerting him/her of the MAP renewal date.
- F. If the patient does not renew within 1 month after the expiration date, change the patient account to Self Pay as of the MAP expiration date.
- G. If there is a lapse of more than one month in renewing MAP, treat the EU as if it's never been enrolled in MAP:
1. Ensure that all visits that occur after the MAP expiration date and before the one month "look back" from the MAP renewal date have been converted to Self Pay visits.
 2. Any Self Pay balances accrued after the MAP expiration date and up to one month before MAP renewal are written off to MAP Bad Debt based on the percentage write-off category that corresponds to the patient's renewed MAP EU income level.

- H. Exceptions to annual renewals (occasions when a renewal date of **less** than 1 year is allowed):
1. A member of the EU is receiving unemployment benefits – it is clear when these will end so renewal date is established at one month after the last unemployment check will be issued to the individual.
 2. EU member has limited primary care coverage (e.g., 6 office visits / year) which has been exhausted; renewal date for this individual/group is tied to the date the benefits resume, which is usually in January.
- I. Maintain all MAP enrollment records for at least the last three completed state fiscal years (July 1st – June 30th).

IX. Provision of Materially False Information

- A. If a patient provides materially false information which would have changed his/her MAP status, immediately remove all EU members from the MAP program for one year.
- B. Reinstate all charges generated by each EU member for the year(s) that false information was provided to the MAP program. Each EU member is liable for the difference in what was paid and what is still due.
- C. All charges written-off to MAP Bad Debt should be reinstated and each patient liable for the full amount owed.
- D. Each patient may be placed on a payment plan for the amount due the practice. The practice follows its normal collection policy to obtain payment.
- E. If the EU adheres to the practice's collection policies during that year and is otherwise eligible for the MAP program, the EU may be reinstated into the MAP program the next year. However, any reinstated charges and bad debt would remain the full responsibility of each patient.
- F. On the Monthly MAP Worksheet (Appendix E), note the number of visits on line (and corresponding MAP allowable amount) being returned to the MAP program for use by other patients.
- G. Any patient providing materially false information twice is permanently removed from the MAP program at the practice. Staff should maintain a file

of who has been removed from the MAP program, and whether this is their first offense or second.

X. MAP EU Exceptions

All MAP exceptions requests with supporting information must be sent to the attention of Stanley Davis, MAP Coordinator, at the North Carolina Office of Rural Health and Community Care (N.C. ORHCC) for processing.

XI. Collection of Payment from N.C. ORHCC Funds

- A. MAP Funds will be released monthly based upon receipt, review and approval of the Monthly MAP Worksheet (Appendix E) by the assigned N.C. ORHCC Operations Team member. Reports are due to the assigned Operations Team Member no later than end of business on the 15th calendar day of each month.**

- B. Calculate the MAP Allowable for the Monthly Report (*this may be entered into the patient's account or into the practice management system*). See Appendix C (Technical Information) Section V for instructions.**

SECTION III: APPENDICES

The following Appendices are included as part of this manual:

- A. MAP Eligibility Information Worksheets in English**
- B. MAP Eligibility Information Worksheets in Spanish**
- C. Technical Information**
- D. Examples**
- E. Monthly MAP Worksheet**
- F. Payment Plan Patient Contract**
- G. Copayment Policy Addendum**

Medical Access Plan Medicaid / NC Health Choice Eligibility Screen

Instructions:

Ask the questions below of each uninsured member of the Economic Unit.
Follow the instructions for each question. Please note that FPL means federal poverty level.
If you have any questions about how to proceed, please call the Office of Rural Health at (919) 733-2040 and ask for Stanley Davis.

Questions:

Answers (Yes / No):

Questions:	Answers (Yes / No):
1 Is any uninsured member of the EU a U.S. Citizen/National, lawful permanent resident, refugee, asylee (received asylum), has been in the US at least 5 years, or is spouse/dependent/self honorably discharged veteran or same but on active duty in the U.S. military? If "Yes", continue with the rest of the Medicaid screening questions for that person(s) If "No", skip the rest of the Medicaid screening questions for that person(s) and continue with MAP eligibility confirmation	
2 Is any uninsured member of the EU a recipient of Work First Family Assistance, Supplemental Security Income (SSI), State/County Special Assistance (for aged and disabled individuals, Special Assistance to the Blind? If "Yes", direct that person to Social Services. If "No", continue with next Medicaid Screening question.	
3 Is any uninsured member of the EU age 65 or older? If "Yes", is the individual's & spouse's income, if living together, at or below 120% of FPL? If so, direct that person(s) to Social Services. If "No", continue with next Medicaid Screening question.	
4 Is any uninsured member of the EU a pregnant woman? If "Yes", is the pregnant woman's income and, if in the home, the income of the father of the unborn at or below 185% of FPL? If "Yes", direct the pregnant woman to Social Services. If "No", continue with next Medicaid Screening question.	

Questions: Answers (Yes / No):

5	Is any uninsured member of the EU under age 18? If "Yes", is the EU income at or below 200% of FPL (include parents income if living in the home)? If so, direct that person(s) to Social Services. If "No", continue with next Medicaid Screening question.	
6	Is any uninsured member of the EU a parent/Caretaker relative living with and carrying for a child to whom he/she is related who is under age 19? Is the income of the parent/caretaker (and spouse if living together) below 45% of FPL? If so, direct that person(s) to Social Services. If "No", continue with next Medicaid Screening question.	
7	Is any uninsured member of the EU aged 19 - 20? Is the income of this person(s), and that of their parents if they live together, under 45% of FPL? If so, direct that person(s) to Social Services. If "No", continue with next Medicaid Screening question.	
8	Is any uninsured member of the EU a female aged 19 through 55? Is the income of the person (and spouse if married) at or below 185% FPL? If so, direct that person(s) to Social Services AND continue with the MAP eligibility process. This person may be eligible for both programs. If "No", continue with next Medicaid Screening question.	
9	Is any uninsured member of the EU a male aged 19 through 60? Is the income of the person (and spouse if married) at or below 185% FPL? If so, direct that person(s) to Social Services AND continue with the MAP eligibility process. This person may be eligible for both programs. If "No", continue with MAP eligibility process.	

Note: Questions 8 and 9 screen patients for the Medicaid Family Planning program. This program has limited benefits and does not disqualify patients for MAP services. There is little overlap between the two programs. Where overlap exists, Medicaid takes precedence and should be billed accordingly.

**Medical Access Plan
Medicaid / NC Health Choice Screen**

EU Size	Below 45% FPL	Below 120% FPLy	Below 185% FPL	Below 200% FPL	100% FPL
1	Under \$5,027	Under \$13,404	Under \$20,665	Under \$22,340	11170
2	Under \$6,809	Under \$18,156	Under \$27,991	Under \$30,260	15130
3	Under \$8,591	Under \$22,908	Under \$35,317	Under \$38,180	19090
4	Under \$10,373	Under \$27,660	Under \$42,643	Under \$46,100	23050
5	Under \$12,155	Under \$32,412	Under \$49,969	Under \$54,020	27010
6	Under \$13,937	Under \$37,164	Under \$57,295	Under \$61,940	30870
7	Under \$15,719	Under \$41,916	Under \$64,621	Under \$69,860	34930
8	Under \$17,501	Under \$46,668	Under \$71,947	Under \$77,780	38890
8+n n=add'l #1 in EU	Under \$17,501 + (\$3,960 * n)	Under \$46,668 + (\$3,600 * n)	Under \$71,947 + (\$3,600 * n)	Under \$77,780 + (\$3,600 * n)	

SOURCE: US Department of Health and Human Services, *Federal Register*, Vol. 77, No. 17, January 26, 2012, p. 4034-4035. Note: FPL = federal poverty level

APPENDIX A

MEDICAL ACCESS PLAN ELIGIBILITY CONFIRMATION TABLE

A	B	C	D	E	F
Economic Unit* Size	Below 100% Poverty	100% to 132% Poverty	133% to 166% Poverty	167% to 199% Poverty	200% or above Poverty
1	Under \$11,170	\$11,170 \$14,855	\$14,856 \$18,653	\$18,654 \$22,340	at or above \$22,341
2	Under \$15,130	\$15,130 \$20,121	\$20,122 \$25,266	\$25,267 \$30,260	at or above \$30,261
3	Under \$19,090	\$19,090 \$25,388	\$25,389 \$31,878	\$31,879 \$38,180	at or above \$38,181
4	Under \$23,050	\$23,050 \$30,654	\$30,655 \$38,491	\$38,492 \$46,100	at or above \$46,101
5	Under \$27,010	\$27,010 \$35,921	\$35,922 \$45,104	\$45,105 \$54,020	at or above \$54,021
6	Under \$30,970	\$30,970 \$41,187	\$41,192 \$51,717	\$51,718 \$61,940	at or above \$61,941
7	Under \$34,930	\$34,930 \$46,453	\$46,454 \$58,330	\$58,331 \$69,860	at or above \$69,861
8	Under \$38,890	\$38,890 \$51,720	\$51,724 \$64,942	\$64,943 \$77,780	at or above \$77,781
8 + n	Under \$38,890 + (\$3,960 * n)	\$38,890 + (\$3,960 * n) \$51,720 + (\$5,266 * n)	\$51,724 + (\$5,266 * n) \$64,942 + (\$6,613 * n)	\$64,943 + (\$6,613 * n) \$77,780 + (\$7,920 * n)	at or above \$77,781 + (\$7,920 * n)
% of Patient Account Balance to be written off	80%	60%	40%	20%	0%

SOURCE: US Department of Health and Human Services, *Federal Register*, Vol. 77, No 15, Thursday, January 26, 2012, pp. 4199-4201

For each additional person = "n", add	\$3,960
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MEDICAL ACCESS PLAN PATIENT AGREEMENT

Medical Practice

Total Economic Unit* Size

\$0.00

Economic Unit* Income

*Economic Unit (EU) is defined as an individual or group of adults with or without children who live at the same residence and pool their resources to pay for the group's living expenses. The group may include children of group members who are full-time students up to the age of 26 regardless of where they live.

Below please list the name of each EU member who qualified for MAP:

1
2
3
4
5

6
7
8
9
10

I understand that the individuals listed above are responsible for paying the lessor of actual charges or a copayment of _____ to the medical practice for covered services which include the following if offered by the practice:

- * Medically necessary on-site face to face encounters
- * On site x-rays (both technical and professional components), in-house labs, and any surgical procedures provided in the office
- * The portion of medically necessary hospital, nursing home, and home care services performed by practice providers
- * Any prophylaxis for high risk patients recommended by the CDC as a standard protocol (including but not limited to Flu & pneumonia)
- * The use of telemedicine to provide visits reimbursed through MAP. "Telemedicine" is the practice of medicine using electronic communication, information technology, or other means between a physician in one location and a patient in another location with or without an intervening healthcare provider
- * A maximum of 22 covered visits, based on Medicaid Guidelines

I agree to notify the medical practice of any changes effecting the size or income of my EU. Enrolled EU members will participate in this program until the renewal date of : _____ unless there are changes in my EU size or income. In order to be recertified without a lapse, I must bring in requested EU information by the renewal date.

I verify that all the information I have supplied is true and complete. I give my permission for the medical practice to confirm my EU's income/employment status with employers. I understand that the application information will be held in the strictest confidence, but that the information may be audited by the funding state agency to confirm accuracy of the application. I understand that providing false information may result in the permanent removal from MAP of all qualified members in my EU and that I and members of my EU may be responsible for charges generated while on MAP and for any debt written off as a result of being a MAP participant.

Responsible EU Member's Signature

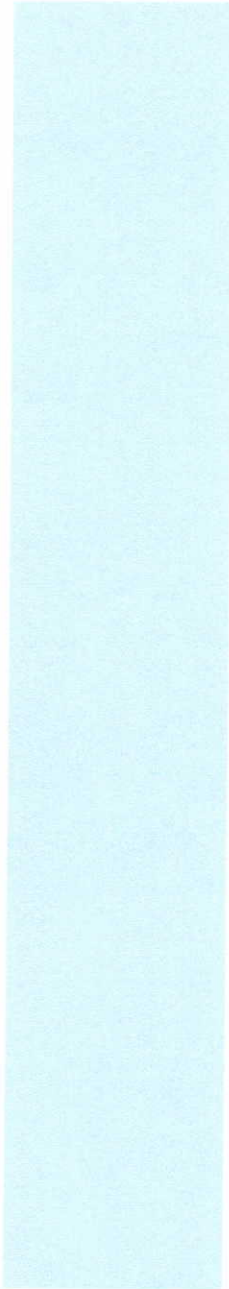
Today's Date

Staff Signature

Effective Date (back date 30 days)

APPENDIX A

MEDICAL ACCESS PLAN
NOTICE OF MAP RENEWAL



Date:



Dear:



Your participation in our medical practice's grant funded Medical Access Plan (MAP) expires on [redacted]. To continue your participation with MAP, please bring within the next thirty (30) days your most current copies of the information listed below. You will be required to sign an updated Patient Agreement. If you do not renew your participation within thirty (30) days after expiration of your Patient Agreement, your account will be changed to Self Pay and everyone listed on your Patient Agreement will be responsible for payment of all services received from that time forward.

Current proof of EARNINGS from all members of your Economic Unit* in the form of:

Signed and dated most current year's federal income tax return, or
Most current year's W-2 form(s), or
(3) most recent paycheck stubs, or
Notarized letter(s) from employer(s).

Current proof of all OTHER INCOME that applies to any member of your Economic Unit*.
Bring proof of Social Security benefits received by any member of your EU*.

Child support or Alimony (verified by court orders or checks)

APPENDIX A

Foster child support
Unemployment benefits
Unearned Income including housing or farm rental, capital gains, and dividends
Social Security
Any other source of income

*Economic Unit (EU) is defined as an individual or group of adults with or without children who live at the same residence and pool their resources to pay for the group's living expenses. The group may include children of group members who are full-time students up to the age of 26 regardless of where they live.

If you have any questions, please call us at the number above and ask for:

APPENDIX C

TECHNICAL INFORMATION

I. Economic Unit

An **Economic Unit (EU)** is defined as an individual or a group of adults with or without children who live at the same residence and pool their resources to pay for the group's living expenses. The group may include children of group members who are full-time students up to the age of 26 regardless of where they live. See Appendix D for examples of EUs.

- A.** There can be more than one EU living at one residence. The number of EUs at one residence can be as many as the number of individuals living there. The number of EUs depends upon how independent the individuals or groups are from one another. In this case, independence is determined by financial actions. The key to determining EU size is whether resources are pooled to pay for expenses or whether individuals are primarily maintaining financial independence from one other. Stated another way, individuals or groups attempting to pay their own way most of the time would constitute separate EUs.
- B.** The following questions may be used as a guide to identify how independently the individuals/groups are acting:
 - 1.** How are the individuals/groups paying for their personal expenses? Are they helping one another (they are probably 1 EU) or are there distinct individuals/groups paying for their own personal expenses (they probably constitute more than 1 EU)?
 - 2.** Is the living arrangement viewed as temporary or permanent? How long have they been living together? If the arrangement is viewed as temporary and they've been living together for less than one year, they are separate EUs. See the section below on temporary residence.
 - 3.** Who is working? If someone is not working are they married, a family member, or in an emotional "partnership" with a working person who is covering most of the expenses? If so, they are in one EU with the working person rather than comprising their own EU and claiming zero income.
 - 4.** Are individuals/groups contributing toward room and board consistently (even if not at "fair" market value) or whenever financially possible? If so, this is indicative of a separate EU. If an individual or group is completely dependent on another for room and board, then this is likely to be one EU rather than separate EUs.

- C. An **EU temporarily residing** with and dependent on another EU (e.g., due to a personal/financial crisis) should be considered its own independent EU for the first year. For example, a mother and child move in with her parents temporarily because the mother lost her job. The mother and child should be considered one EU. **NOTE:** temporary residence takes precedence over relationship status to determine EU status.

If after one year, the dependent EU (in this example the mother and child) is still living with and is still dependent on the other EU (her parents), then consolidate both EUs and treat them as one larger EU.

II. Insurance

A. Private Insurance

1. EU members, who have **supplemental health insurance** (e.g., a hospital or cancer only policy) that does not cover primary care services, are eligible for MAP if they meet all other criteria.
2. If a primary health insurance policy **limits the number of covered out patient visits** per year, and the EU meets the MAP criteria, then members who have exhausted their outpatient visit benefit for the year may be put on MAP for the remainder of the policy period until the benefits renew for the next year. Usually, health insurance benefits follow a calendar year so the person would be on MAP only through December. Include in the patient's MAP file proof of the health insurance policy's limitations on outpatient visits and use of that benefit for the year.

Call the North Carolina Office of Rural Health and Community Care (NC ORHCC) at (919) 733-2040 and asked to speak to Stanley Davis if you have any questions.

B. Government Insurance

1. Medicaid or N.C. Health Choice:

If the patient was sent to Social Services based on the initial screening but failed to qualify, make a copy of the Medicaid/N.C. Health Choice Denial or Inquiry Report and file.

An **Inquiry Report** is generated when a person seeks participation in **Medicaid or N.C. Health Choice**, but it is clear to the Social Services Representative that the patient will not meet the eligibility requirements. The patient is advised not to submit an application since activation of an application at Social Services requires the applicant to bring in a lot of information and for the Social Services Representative to complete a lengthy verification process. Instead, it is more

efficient to generate an Inquiry Report as proof of the encounter and avoid the application process altogether.

- a) **Note:** If a child is placed on the **waiting list for N.C. Health Choice**, the child can be put on MAP until accepted into the N.C. Health Choice program.
- b) **Note:** If a patient is Medicaid eligible pending a **spend-down** amount and the patient is MAP eligible, then the patient can be put on MAP until they receive Medicaid.
- c) **Note:** If a patient obtains **Medicaid coverage retroactively**, change the insurance type for each applicable visit from MAP to Medicaid. Refund any MAP copayments made by the patient if they're greater than the applicable Medicaid copayment (Medicaid copayments are not required on RHC core visits).
- d) **Note:** A patient can be on Medicaid under the Family Planning Program and under MAP for all other services not covered by Medicaid that are covered by MAP. In this situation, Medicaid coverage should take precedence over MAP on the rare occasions where coverage overlaps.
- e) **Note:** Medicaid Patients who exceed their limit of 22 visits cannot be put on MAP for the remainder of the calendar year, Medicaid allows providers to request coverage for additional visits, if necessary. Pursue that avenue if the patient needs additional visits.

2. Social Security - Disability

- a) Patients who have applied for federal **disability status**, are awaiting a decision, and meet all other MAP eligibility criteria, may be put on MAP until the disability determination is made. Include proof that a request for disability has been filed with the federal government.

III. Income

- A. **Annualized gross income** is how much the person earns during the year before any deductions for taxes or benefits. This figure is used to ensure consistency.
 - 1. If proof of income is available only for part of the year, then annualize the income. Take a representative period of the income earned, such as a weekly, biweekly, or monthly rate, and multiply it by the appropriate number of periods such as 52 weeks, 26 pay periods, or 12 months. Include overtime only for those months when it is part of the individual's normal, expected income. Deduct all other overtime.

2. Use the Annualized Income Calculator included in the enrollment materials in Appendices A (for English) and B (for Spanish) to help determine a person's gross annualized earnings.

B. The preferred order for proof of income is:

1. For Employed Individuals:

- a) Signed and dated copy of the most recent 1040 or 1040EZ federal income tax form that was submitted to the IRS. For example, patients applying from January, 2012 through April 2012 may use a 2011 tax form, or you may accept a 2010 tax form from them if they haven't filed their 2011 tax form and little has changed for them financially. However, remind them to bring their updated information as soon as they file their 2011 taxes. Require that patients applying for MAP after April 2012 through December 2012 bring their 2011 tax form.

(1) Use **line 22** of the 1040 tax form.

(2) Use **line 4** of the 1040EZ 1040 tax form.

- b) Most recent W-2 form, use box #1 (wages, tips, and compensation).
- c) Most recent paycheck stub with year-to-date information, or at least three month's worth of the most recent paycheck stubs if year-to-date information does not appear on them.
- d) Notarized employer statement

2. For Self Employed Individuals:

- a) Signed and dated copy of the most recent 1040 federal income tax form that was submitted to the IRS. For example, patients applying from January, 2012 through April 2012 may use a 2011 tax form, or you may accept a 2010 tax form from them if they haven't filed their 2011 tax form and little has changed for them financially. However, remind them to bring their updated information as soon as they file their taxes. Require that patients applying for MAP from May 2012 through December 2012 bring their 2011 tax form.

b) Use the amount on **line 22** of the 1040 tax form.

- c) For any additional employment, such as a part-time job, require proof of income as noted in section on employed individuals.

3. For patients receiving unemployment checks:

- a) **Annualize** the **gross** unemployment check (before taxes and other deductions) to identify the correct **copayment** category for the EU.
- b) **ENSURE** that the Patient Agreement (reviewed in section IV.C. of the MAP Reference Manual) terminates the month **after** which the patient will no longer receive an unemployment check.
 - (1) For example, if the last unemployment check is received on August 15th, then MAP terminates on September 15th. The patient will need to return and provide current financial information at that time to determine whether the EU still qualifies for MAP.
 - (2) Treat this as a mid year update or renewal depending on how much information has changed.

IV. Changes to the Patient's Account

- A. Add the following Patient Types to the practice management system:
 - MAP 25
- B. Ensure you have two (2) adjustment types: MAP Adjustments (charges – copayments) and MAP Bad Debt Adjustments (old balance write-off as a result of becoming MAP enrollee).
- C. Develop a report to count MAP Encounters/Visits.
- D. Use memo functions to remind staff of MAP renewal date and to ask patient at renewal to bring proof of income for the EU.

V. MAP Reporting and Reimbursement

- A. **MAP visits** are defined as face-to-face encounters with a physician, nurse practitioner, physician assistant, or certified nurse midwife. The current MAP rate is \$85/visit (\$25 MAP Copayment + \$60 MAP Allowable).
 1. **“Other On-Site” visits**, e.g., a nurse-only visit, should be tracked for reporting purposes, but clinics may not charge MAP patients nor draw down MAP funds for these visits. One way to track these visits is to charge the patient's account for the visits then immediately adjust it off to the MAP adjustment category.
 2. **Allowable = (MAP rate x MAP visits) – Copayments**
 - a) Example: Assuming 10 visits at the \$25 copayment level, the resulting draw down in MAP Allowable would be computed as follows: \$85 X 10 visits is \$850 minus \$250 in copayments equals \$600 in MAP Allowable.
- B. Document on the Monthly MAP Worksheet all MAP encounters and copayment levels for the month. **Do not include other on-site visits.** Submit the completed Monthly MAP Worksheet each month with the Monthly Report.

1. Each month, the NC ORHCC will reimburse sites for MAP visits incurred during the previous month. Reimbursement will be provided once the Monthly MAP Worksheet is received and approved by a member of the NC ORHCC Operations Team.
2. **Continue to track MAP Allowable even if the grant allocation for MAP is exceeded. Additional MAP funding may be available if initial MAP funding is exceeded.**
3. **Document on the Monthly MAP Worksheet:** Total Face-to-Face Patient Visits, Face-to-Face MAP Visits, MAP Bad Debt, and Copayments (received).

VI. MAP Exceptions

- A. **All MAP exception requests** with supporting information as indicated below must be sent to the attention of Stanley Davis, MAP Coordinator, at the North Carolina Office of Rural Health and Community Care (N.C. ORHCC) for processing.
- B. **For EU Exception:** An exception may be granted for a patient/EU in an extraordinary situation. Most likely, this would be an EU whose income is over 200 percent of the Federal Poverty Level and is medically needy as evidenced by exceptional medical bills that result in economic hardship. To request an exception, the appropriate staff person at the practice (this may be the MAP coordinator) must send a letter documenting the following:
 1. The patient(s)'s extraordinary circumstances (for example, the specific debilitating medical condition, the unusual psychosocial situation, domestic abuse, etc.);
 2. An estimate of the EU's annual medical expenses if the extenuating circumstances are due to a debilitating medical condition (including pharmacy, hospital, specialists, primary care). Indicate whether this figure is based on the previous year's expenses or the current year's expenses;
 3. EU's total annual income.
 4. At renewal, the EU's situation would need to be reevaluated; another waiver may be requested if it appears warranted.
- C. **For Service Exception:** An exception may be granted to add services to the MAP program at a particular site. Adding an annual physical or a DOT physical would be an example of this kind of exception. To request a service exception, the practice administrator must send a letter with the Board Chair's signature documenting the following:
 1. The additional service(s) requested;
 2. The reason for the requested service(s);

3. The number of additional MAP visits by MAP category that would be expected from the additional service(s);
4. The date the Board discussed and agreed to the additional service(s) request (this should be reflected in the Board minutes for that date);
5. The date desired for the additional service(s) to become effective under MAP.

VII. HIPAA Reminder: Do not use the patient's name in any correspondence with NC ORHCC. Use a numeric identifier, such as the medical record number, that you will recognize, but that maintains the patient's anonymity to us.

VIII. Electronic Enrollment Worksheets.

- A. The enrollment worksheets use Excel software.
- B. Enter all data into the aqua colored boxes.
- C. The worksheets are protected so that headings and formulas cannot be written-over accidentally.
- D. Each worksheet should automatically show the responsible MAP member's name upon that information being entered into the Eligibility Information worksheet.
- E. If the worksheets appear too large or too small on the computer monitor, change the % view on the "zoom" box in the tool bar.
 1. Increasing the % amount in the "zoom" box, increases the size of the page on the monitor.
 2. If the zoom box does not appear in the toolbar, go to Tools and choose Customize from the scroll down list. Choose the Command tab. Under Categories, choose View. Under Commands, choose Zoom and drag that Zoom box to your toolbar. In order for the new tool to be accepted into the toolbar, ensure that it is being placed among existing commands on the toolbar, not by itself at the end of the other commands on the toolbar. If the Zoom box is accepted, it should appear on the toolbar. Close out of Tools.

APPENDIX D EXAMPLES

I. Economic Units

A. Multiple EUs at one residence:

1. A single mother with two children has lived with her married sister for two years. The single mother has a job and pays for her own expenses including room and board whenever she can contribute. This constitutes two EUs. The single mother is working, paying for most of her own expenses in an attempt to live on her own.
2. An elderly aunt, who receives Social Security, lives with her niece's family because she is getting frail. The aunt has her own room, but doesn't pay for it. She eats very little so she doesn't pay for her foods although she will occasionally buy something she wants to eat or will sometimes give the niece some money before big holiday meals. Otherwise, the aunt pays all her own expenses.

B. One EU:

1. A friend moves in and agrees to cook and clean for room, board and spending money. The friend is going to look for a job, but does not plan to move out or to change the living arrangement in any way after finding a job.

C. Temporary residence (multiple EUs): A man moved in with his girlfriend after losing his job three months ago. The arrangement is viewed as temporary until he finds a job and can move out on his own. He pays for his few personal expenses from savings. The girlfriend provides room and board. These are two EUs although there is an emotional "partnership", because he has been there less one year and plans on living alone again. The temporary residence status takes precedence over the relationship status. Upon MAP renewal his status would have to be reevaluated based on his circumstances.

D. Temporary residence for more than one year (one EU): A man moved in with his sister 18 months ago after losing his job. He plans to live with her until he finds regular work and can move out. A brother sends him \$15 - \$20 a week to help out. He takes odd jobs as he can find them to help pay for his expenses. This is now one (1) combined EU, because the man has been heavily dependent on his sister for over a year. You will need to obtain financial information from the sister (she can submit it confidentially if she doesn't want her brother to know her financial situation AND if your office can ensure the privacy of the information).

II. Annualized Gross Income

- A.** Annualize income by counting gross income (before taxes and other deductions) for the months worked, counting zero (0) income for months not worked, and adding income to months when other work exists.
1. For example, a seasonal worker is paid \$300/week for 4 months, before taxes, picking fruit and has no other income the rest of the year: multiply \$300 by the number of weeks in the 4 months worked. If each month had 4 weeks, \$4,800 would be the annualized income.
 2. Another example is of an individual who is paid \$350/week gross for 3 months cleaning hotels, makes no income for 4 months, then makes an average \$250/week for the next 5 months as a waiter. Multiply \$350 by the number of weeks in the 3 months worked. Multiply the \$250 by the number of weeks in the 5 months worked. Add the two totals. This is the annualized amount. The total annualized income would be \$9,200 assuming four weeks per month.
- B.** For patients receiving **unemployment payments**, annualize the gross unemployment check (before taxes and other deductions) to identify the correct copayment category for the EU. However, ensure that the Patient Agreement (reviewed in section IV. C. of the MAP Reference Manual) terminates the month after which the patient will no longer receive an unemployment check. For example, if the last unemployment check is scheduled for issue on August 15th, then MAP terminates on September 15th. The patient will need to return and provide updated information to determine whether the EU still qualifies for MAP. Treat this as a mid year update or renewal depending on how much information has changed.

III. EU MAP Exceptions

- A.** An EU MAP exception may be appropriate in a situation where the EU income is slightly over 200 percent of the federal poverty level (FPL) and in which an EU member(s) generate(s) high medical bills due to treatment of a complicated or chronic medical condition.
- B.** For example: there is an EU comprised of a 45 year old working female and her 53 year old husband who takes occasional tax preparation jobs when he can and who has diabetes, hypertension, and congestive heart failure. Her income puts them at \$1,000 above the FPL for an EU of two. However, due to his medical conditions, their medical bills average \$3,500 per year.

IV. Adjusting the Patient Account and Reporting MAP Encounters on the Monthly MAP Worksheet located in Appendix E

- A. Example 1, simple visit - Patient Account:**

1. Patient goes through MAP eligibility process and after providing all required proof is placed on MAP. The patient's copayment is determined to be \$25.00.
2. The MAP patient visits the practice on June 1st. The charge for the day's visit is \$100.00 for an office visit and lab work. The patient pays the copayment and the account is adjusted as shown below:

Patient Account

MAP patient charge (6/1)	\$100.00
Patient payment (6/1)	(25.00)
Balance	<u>\$75.00</u>
MAP Adjustment (6/1)	(60.00)
Balance	<u>\$15.00</u>

B. Example 1 - Clinic Reimbursement:

1. At the end of each month, the clinic completes the Monthly MAP Worksheet to record all MAP eligible encounters experienced and submits it to the appropriate Operations Team member at NC ORHCC for processing. Reimbursement occurs monthly based upon all MAP encounters reported for the month. The reimbursement effect for this particular example would be as follows:

Clinic Reimbursement from MAP Program

MAP NC ORHCC Rate	\$85.00
Patient Copayment	(25.00)
MAP Allowable	<u>\$60.00</u>

C. Example 2, visit and bad debt - Patient Account:

1. On June 15th a Self Pay patient visits the clinic. The patient has an outstanding balance of \$200 and is charged \$30 for that day's visit bringing the total due to \$230. The patient makes a payment that day of \$25 for the visit. The total balance due is now \$205.

Patient Account Prior to MAP Enrollment

Outstanding Balance 6/1	\$200
Self Pay Patient Charge (6/15)	30
Balance	<u>\$230</u>
Patient Payment (6/15)	(25)
Balance	<u>\$205</u>

2. On June 30th the patient completes the application process and is enrolled in MAP at the \$25 copayment level. No medical encounters occurred on the 30th.
3. Change Patient Type from "Self Pay" to "MAP 25". Adjust visits after June 1st to the \$25 copayment level. Adjust off to "MAP Bad Debt" appropriate amount of the patient's balance as of June 1st (the balance 30 days prior to patient

enrollment in MAP). Refer to the Eligibility Confirmation Table (Appendix A) for the write-off amount corresponding to the patient's copayment level. For this example the write-off percentage is 80 percent. The remaining 20 percent balance is the patient's responsibility. If patient cannot pay this within 30 days, place patient on a payment plan.

Patient Account Upon MAP Enrollment

Self Pay Patient Charge 6/15	\$30
Patient Copayment	(25)
Balance	<u>\$5</u>
Adjust off to "MAP"	(25)
Credit Balance for 6/15 Visit	<u>\$(20)</u>
Prior Total Due (As of 6/1)	\$200
less credit applied from above	(20)
New Total Due	<u>\$180</u>
Adjust (80%) to "MAP Bad Debt"	(144)
Balance Due	<u>\$36</u>

4. Example 2 - Clinic Reimbursement:

At the end of each month, the clinic completes the Monthly MAP Worksheet to record all MAP eligible encounters experienced and submits it to the appropriate Operations Team member at NC ORHCC for processing. Reimbursement occurs monthly based upon all MAP encounters reported for the month. The reimbursement effect for this particular example would be as follows:

Clinic Reimbursement from MAP program:

MAP NC ORHCC Rate	\$85.00
Patient Copayment	(25.00)
MAP Allowable	<u>\$60.00</u>

APPENDIX E

MONTHLY MAP WORKSHEET July 2012 June 2013

Clinic Name

	All Visits	MAP Visits		MAP AMOUNTS			
		FACE TO FACE VISITS	\$85 MAP RATE	MAP ALLOWABLE	MAP Bad Debt	Copayments	
	Total Face-to-Face Patient Visits (MAP & nonMAP)						
July			\$ -	-			
August			\$ -	-			
September			\$ -	-			
October			\$ -	-			
November			\$ -	-			
December			\$ -	-			
January			\$ -	-			
February			\$ -	-			
March			\$ -	-			
April			\$ -	-			
May			\$ -	-			
June			\$ -	-			
TOTAL	0	0	\$ -	-	\$ -	\$ -	-

APPENDIX F

PAYMENT PLAN

PATIENT CONTRACT

Federal Truth in Lending Statement

DATE: _____

TOTAL BALANCE DUE: _____

AMOUNT OF MONTHLY PAYMENT: _____

DATE OF FIRST PAYMENT: _____

ACCOUNT NAME: _____ ACCOUNT # _____

I, the below signed, agree to pay _____

Monthly installments of \$ _____ by the _____ of each month until my account is cleared. I understand that the Budget Payment Plan will be revised to reflect any remaining balances not paid by my insurance or any balance not paid at time of service. I also understand that when I check out, the cashier will request my copay if I have insurance. If I have not insurance the cashier will request full payment or a minimum payment of \$ _____ for charges that day.

If I miss 2 consecutive budget payments or 3 payments within the budget plan year, I understand that I will be subject to **FURTHER** Collection process of the Practice. Should a default of this contract occur, I understand that I may be charged an additional amount to cover collection or attorney's fees.

I also understand that I will be asked to sign a new Budget Agreement each twelve (12) months if my account still has an unpaid balance.

FAMILY MEMBERS FOR WHICH I ASSUME RESPONSIBILITIES ARE:

I HEREBY CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND HAVE BEEN GIVEN A COPY OF THIS TRUTH IN LENDING STATEMENT. I ALSO CERTIFY THAT I HAVE BEEN OFFERED THE OPPORTUNITY OF APPLYING FOR A REDUCED BUDGET PAYMENT BASED ON MY INCOME AND HOUSEHOLD SIZE.

Responsible EU Member's Signature _____ Date: _____

Staff Signature _____ Date: _____

APPENDIX G

COPAYMENT POLICY ADDENDUM 2012-2013

The copayment policy addendum is as follows:

The recommended copayment amount is \$25. However, if the organization chooses, it may develop and implement a Copayment Policy that must be adopted by the organization's Board of Directors and submitted to ORHCC on its letter head under signature of the Chairperson. A copy of this policy must be on file with the MAP Coordinator at the Office of Rural Health & Community Care in order to receive subsidy.